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ARCHIVES OF CLINICAL SURGERY.

A Monthly Periodical Devoted to Surgery in all its Special Departments,

EDITED BY

EDWARD J. BERMINGHAM, M. D.

CONTENTS.

ORIGINAL PAPERS.

HOSPITAL RECORDS.

PENNSYLVANIA HOSPITAL, PHILADELPHIA.

REPORTED BY J. B. ROBERTS, M. D.

MERCY HOSPITAL, CHICAGO.

REPORTED BY C. A. PALMER, M. D,

KINGS COUNTY HOSPITAL, FLATBUSH, L. I., N. Y.

REPORTED BY A. T. BRISTOW, M. D.

UNIVERSITY HOSPITAL, BALTIMORE.

REPORTED BY T. A. ASHBY, M. D.

NEW YORK HOSPITAL, NEW YORK.

REPORTED BY T. R. SAVAGE, M. D.

ALBANY HOSPITAL, ALBANY, N. Y.

REPORTED BY W. A. HALL, M. D.

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ARCHIVES
OF
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VOL. 1, JULY, 1876. NO. 1.

ORIGINAL PAPERS.

CASE OF NASO-PHARYNGEAL TUMOR.

REMOVED BY THE GALVANO-CAUTERY.

Excision of the Greater Portion of the Superior Maxillary Bone to Reach the Tumor—Operation Preceded by the Introduction of Trendelenberg's Tampon Tracheotomy Tube—Ether Administered Through Tube.

BY

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William Galfield, aged forty, American, carpenter, admitted to St. Luke's Hospital December 2, 1874. Family history includes several cases of consumption; his mother died of tumor of the stomach, character unknown. Two years ago patient says he felt some obstacle in his throat, causing him to make constant efforts for its removal, by constant hawking. On seeking medical advice, he was told that there was a tumor in his throat, about the size of a hickory nut.

This tumor continued to grow until about a year ago, when Dr. A. H. Smith examined him at the Manhattan Eye and Ear Hospital, in this city. Dr. Smith says, that at that time the tumor was about the size of a small egg, and seemed to be attached to the posterior wall of

the pharynx, on a line with the soft palate, by a broad base. He advised removal, but the patient did not return to the dispensary. For the past six months the growth has been very rapid. He has also had more or less discharge of blood and muco-pus from his nose. No pain has attended the growth of this tumor. Hearing and vision have not been interfered with. The tumor, however, owing to its situation, has recently interfered considerably with deglutition, and also with respiration, in consequence of which he has lost flesh. Bowels regular; urine normal. An examination shows a large tumor projecting from the pharynx into the mouth, carrying forward, on its upper surface, the soft palate, so that the uvula points directly forwards.

The tumor completely fills up the space behind the soft palate. The finger can be passed beneath it, so as to touch the posterior wall of the pharynx; but its upper border cannot be defined, the tumor extending upwards so as to completely fill the posterior nasal cavity. Attempts to pass a long probe or soft bougie through the nose were not successful.

Patient, with his mouth closed, could not blow air through his nose. The tumor was but slightly movable. Its anterior surface was uneven, and covered with mucous membrane of a darker color than the surrounding parts.

A small portion was removed, and submitted to Dr. Satterthwaite for microscopic examination, who reported that it consisted of inflamed fibrous tissue, and presented no appearance of a malignant character.

On consultation, it was deemed best to advise the patient to submit to an operation for its removal, in view of the fact that deglutition and respiration were so seriously interfered with.

OPERATION.

December 18, 1874. Present at operation, Drs. Sabine, Peters, Weir, McBurney, Sands, Parker, Markoe, Krackowizer, A. H. Smith, Raphael, and about fifty others.

The patient was partially etherized by Dr. Abbe, the tumor seriously interfering with etherization. Tracheotomy was then performed, and an opening having been made through the second, third, and fourth rings of the trachea, a tube was introduced, when the breathing became regular. The tube was then removed, and Trendelenberg's tracheal tampon was substituted. This is a silver tracheotomy tube, covered from its flange to a short distance beyond its curve with a double thin rub-

ber cover, from the upper edge of which a small rubber tube extends with rubber ball and stop-cock at its extremity. After the introduction of this tube, compression of the rubber ball inflates the covering of the tube, so as to completely fill the space between the sides of the silver tube and the tracheal walls, and in this way prevents blood from flowing into the trachea. A tube three feet in length was then affixed to the open mouth of the tracheotomy tube, and attached to a metallic cone, filled with a soft sponge, which was saturated with sulph. ether. Dr. Charles McBurney took charge of this apparatus, and kept the patient fully under the influence of ether during the entire operation. The next step of the operation was the removal of a portion of the left superior maxillary bone. The bone was exposed by Fergusson's incision, beginning at a point a little below the inner canthus of the eye, and extending along the side of the nose, around the ala, and through the centre of the upper lip. The flap was then rapidly dissected up, so as to expose the bone, and an incision made through the soft palate and mucous membrane covering the hard palate, which was then divided with a pair of Isaacs' bayonet forceps. The bone was next divided from the side of the nose to the malar articulation, and was then seized with a pair of Fergusson's lion forceps, and twisted from its situation. The orbital plate of the bone was left intact, and the hemorrhage checked by pressure of a dry towel. The removal of this portion of the superior maxillary bone fully exposed the tumor, which completely filled the posterior nares. It was found to be movable, though its deeper attachment could not, at this stage of the operation, be determined.

A platinum wire was then, with some difficulty, passed around the mass, and pushed down as nearly as possible to its base. The wire was then connected with Middeldorpf's electrode, which was in connection with one of Byrne's Galvano-Cautery Batteries. By this means, the greater portion of the tumor was removed without loss of blood. The remaining part was found to be freely movable, being attached from the basilar process of the occipital bone, to a point as far down as the third cervical vertebra. This portion was detached by a pair of curved scissors, and the slight hemorrhage which followed, was controlled by the galvano-cautery.

The mass which was removed, weighed two ounces.

During the operation a sponge was kept in the back of the mouth, to prevent the blood from entering the pharynx or larynx. The breathing continued regular, and the etherization was fully maintained through

the tracheotomy tube during the operation, which occupied about one hour and a-half. Only one vessel was tied, the hemorrhage being entirely controlled by pressure of towels and sponges. The flap was replaced and adjusted by pin sutures, the tracheotomy tube removed, and the wound over opening in trachea left open, the integuments above and below the tracheal wound, being brought together with sutures. Before removal from the table the patient recovered from the influence of the anæsthetic, and seemed to be as well as could be expected.

Three hours after operation, his pulse was one hundred and twenty, respiration twenty-eight. Stimulants freely administered by rectum. At eleven P. M., House Surgeon reported patient as being very comfortable, respiration thirty. He continued in this condition, sleeping well, until seven and a-half o'clock next morning, when he sank suddenly and died. It is to be regretted that an autopsy could not be obtained.

This unfortunate result was due to the extreme weakness of the patient previous to the operation. Owing to the fact that the tumor not only impeded normal respiration, but prevented proper nourishment of patient, the operation was one of necessity; and although a very complicated one, every step of it was carried out as originally designed.

I cannot omit to mention the valuable assistance rendered by my colleagues, Drs. G. A. Peters, Thos. T. Sabine, and Chas. McBurney.

REMARKS

UPON THE

ENUCLEATION OF UTERINE FIBROIDS,

WITH ILLUSTRATIVE CASES,

BY

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One of the most valuable contributions made by America to gynæcological surgery, emanated from W. L. Atlee, in reference to the management of sessile sub-mucous and interstitial uterine fibroids. In the year 1853 he presented to the American Medical Association an essay entitled "The Surgical Treatment of Certain Fibrous Tumors of the Uterus heretofore considered beyond the resources of Art." This essay received the prize of the association, and to-day stands as the pioneer article in the surgical literature of these grave and often irremediable cases.

Both in this country and in Europe the lead of this bold surgeon has been followed, and the method which he advocated a quarter of a century ago, and which slowly battled with a pretty decided opposition has come to be recognized as a legitimate surgical resource.

If I may be allowed to epitomize the views of Atlee, as published in 1853, I would do so in these three propositions.

First—If a non-pediculated tumor cannot, from the nature of its attachment and envelopes be expelled or drawn by mechanical means through a dilated os uteri, it is advisable to make by the knife a means of escape for it into the uterine cavity, through its capsule or enveloping tissues.

Second—If the tumor, thus offered an outlet, cannot be removed, it should be forced into and out of the uterine cavity by persistent use of ergot and cutting the cervix.

Third—The tumor, once coming within reach, it should as soon as practicable be enucleated and removed by the surgeon.

That this method of treating such cases is attended by the great dangers of septicæmia, peritonitis, hemorrhage, and exhaustion, is not to be denied. But it must be borne in mind that while heroic interference is environed by risks, a Fabian course of non-interference and inactivity is by no means a safe one. The growing tumor creates exhausting hemorrhage, dangerous mental depression and anxiety, and interference with the functions of nutrition and excretion, which slowly drag the patient down to death. Interference should not be practiced unless impending danger urges a resort to it. Cases selected by this rule commonly end in recovery, while non-interference commonly results in death.

Although many surgeons here and abroad have, as I have already said, followed the lead of Atlee in this matter, it is still of importance that a fair report of cases thus treated should be made in order that those believing may be strengthened, and that those doubting should be convinced. In this spirit I report the following cases.

Case 1.—Large Fibroid expelled through opening made in its capsule.

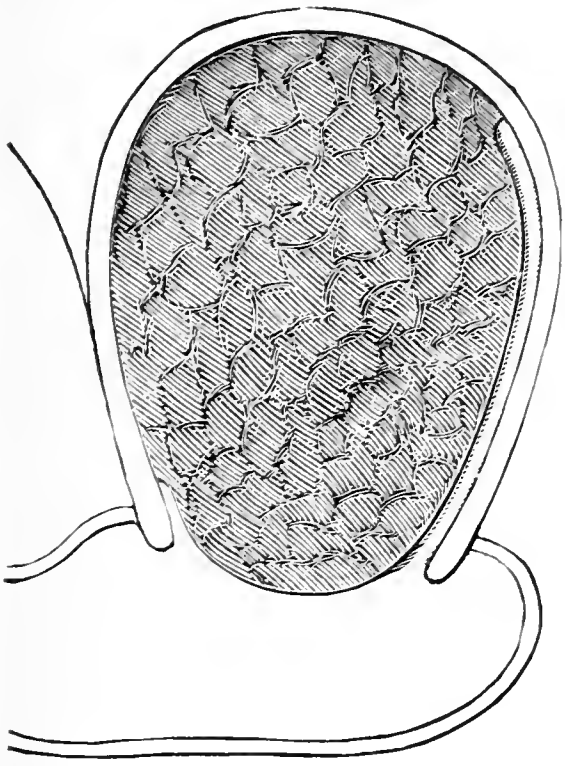
Mrs. C., residing at Red Hook, N. Y., aet. forty years, been married thirteen years, the mother of one child eight years of age, called upon me by advice of Dr. Bates, of Rhinebeck, and gave me the following history of her case. Four years ago her menstrual periods had ceased for six months, and she began to think that the menopause or pregnancy had occurred, when suddenly they reappeared. At the same time she was disturbed by noticing that her abdomen was enlarging.

From this time the menstrual discharges became profuse, the health depreciated and the strength greatly diminished. The abdominal enlargement steadily increased meanwhile, and at the time that she applied to me, my note book records it as being "as large as in utero-gestation between the seventh and eighth months."

Upon her visit to me, on the 9th of June, 1875, I found Mrs. C. very pale, thin, weak and bloodless. The appetite was poor, digestion feeble, pulse rather weak and rapid, and the patient's mind much depressed about her condition.

Physical examination revealed the upper portion of the cervical canal expanded as at the commencement of labor, the walls of the cervix thin, and a tumor filling the cavity above and firmly attached to the walls of the cervix, except on one side, the posterior. The uterine sound on this side passed up about five inches, but everywhere

else the growth was attached all the way down to the lowest portion of the cervical canal. The tumor which presented was rather soft, and I suspected that it might be fibrocystic instead of purely fibrous. The uterus had, from the history of the case, evidently made determined efforts to expel it; but, on account of the resisting envelope, had entirely failed in doing more than dilating the os externum.



This rough diagram, sketched with pen and ink upon the patient's first visit, will convey an idea of the attachments of the tumor.

The patient being unwilling to remain in town, I decided, *First*—To pass a large aspirator needle into the mass, to ascertain if it contained spaces filled with fluid. *Second*—If it did not do so, to make an opening into the capsule which would constitute an artificial os for the mass. *Third*—To give ergot steadily to excite expulsive efforts on the part of the uterus to force out the growth.

Accordingly, on the 10th of June, with the assistance of Drs. H. F. Walker, and S. B. Jones, Jr., this course was inaugurated at the patient's hotel, and on the next day she returned to Red Hook without inconvenience.

I did not again hear from her until a fortnight afterwards, when she wrote that ever since she had returned home, she had suffered from

uterine pains of intermittent character, and a slightly bloody flow of a disagreeable odor.

From her attending physician, I subsequently ascertained the progress of the case. The pains referred to steadily forced down the tumor through the opening made in the capsule. It presented exactly as a child's head would have done, and after between two and three weeks of a process closely resembling labor, it distended the perinæum and by very firm traction on his part, was delivered. During this time, a most offensive odor was given forth by the mass, and the patient suffered from a certain degree of septicæmia. Unfortunately the tumor which was large, decomposed, and almost diffluent, was not weighed.

Subsequent to this, Mrs. C. entirely recovered, and now, one year afterwards, is, I believe, in good health.

I neglected to say that the attempt at aspiration yielded no fluid whatever. It is probable, however, that the acupuncture resulted in the partial death of the badly organized mass and aided materially in exciting expulsion.

The second case which I shall record was seen in consultation, and as a report of it, made by the attending physician, has not been published, I avail myself of his kind permission to employ his manuscript here.

Case 2.—Sub-mucous Uterine Fibroid. Uterine contractions excited by ergot. Tumor enucleated by Prof. Thomas. Reported to the District Medical Society of Bergen County, New Jersey, by Chas. Hasbrouck, M. D.

Mrs. A., aged forty, first menstruated at fifteen, married when twenty years old; has had four children, the eldest nineteen, the youngest between ten and eleven years old; never had an abortion or miscarriage, and until recently never had any serious illness. Previous to the birth of her last child, Mrs. A. always enjoyed robust health. In the winter of 1863–4, a few weeks after the birth of her last child, and before she had recovered fully from the puerperal condition, her husband had an attack of typhoid fever and was very ill for several weeks, and Mrs. A. became very much worn down from protracted watching, fatigue and anxiety. Soon after this, she began to suffer from sleeplessness and general nervous irritation. Her appetite remained good, and her nutrition seemed perfect, with rather a tendency to the accumulation of fat; her menstrual functions were regular and without pain or any other abnormal symptom; she never had leu-

corrhœa, backache, nor any other symptom of uterine disease. But at the same time she continued to suffer from general nervousness, sleeplessness, and neuralgic pains in the back of her head, shoulders and chest, down to the waist. Her spine was more or less tender, and she sometimes had a nervous, dry cough, and sometimes vomiting, and almost constantly suffered more or less from the protean forms of hysterical disorders. During all this time her menstrual functions were naturally performed, and on careful examination, by touch and by the speculum, no uterine disease could be discovered.

In 1868–9, Mrs. A. began to menstruate rather scantily, although regularly as to time, and became more and more nervous, requiring almost the daily use of chloral-hydrate and bromide of potassium to relieve her nervous disorders and wakefulness.

In 1870–1, she began to menstruate more freely. The catamenia continued to recur at the regular time, and continued to be free from any kind of suffering, but they gradually became more and more profuse, until finally it amounted to actual menorrhagia and began to tell upon her strength. This condition continued for several months before my attention was called to the fact; and increased debility, and aggravation of her sleeplessness and general hysterical distresses were the results.

Finally, during the past summer, 1873, my patient called my attention to the fact, that notwithstanding her increasing debility, and very appreciable emaciation, there was a noticeable increase in the size of her abdomen; and on examination, I discovered a distinct circumscribed tumor in the hypogastrium, symmetrical, or nearly so, in form, and about the size of the uterus in the fifth month of pregnancy. The tumor was evidently uterine.

By the persistent use of astringents and perfect rest in the horizontal position during the menorrhagic flow, and of tonics, quinia and iron, during the intervals, the amount of the hemorrhage was very materially lessened, and the general health of the patient improved. But the hypogastric tumor remained, and perhaps increased very slightly in size, disturbing the patient's mind and interfering with her general comfort.

November, 1873, I got Prof. T. G. Thomas, of New York, to see Mrs. A., and after a careful examination he expressed the opinion that the tumor was undoubtedly uterine, and most probably a uterine fibroid. But in view of the fact that it might *possibly, but not probably*, be one of the rare cases in which pregnancy existed with

regular menstruation, he declined to risk the danger of resorting to the use of the probe or uterine sound, which was necessary to perfect the diagnosis, until about six weeks or two months had elapsed, by which time the existence or non-existence of pregnancy would be developed with entire certainty.

February 20, 1874. Prof. Thomas again saw the patient, the uterine tumor had increased slightly in size, but the non-existence of pregnancy being sufficiently evident, he did not hesitate to use the sound, and found the uterine cavity to measure about five inches. He diagnosticated the presence of fibroid tumor of the uterus of the sub-mucous variety; and advised the persistent use of ergot, in the hope of starving out the tumor, or at least, retarding its farther development by diminishing its blood supply; and in the farther hope that the uterus might be induced to take on expulsive action and expel the morbid growth. In accordance with this advice, I gave Squibb's solid extract of ergot in four grain doses three times a day, beginning February 21, 1874.

March 2, Mrs. A. began to suffer from severe pains in the iliac and hypogastric regions. These pains were constant but aggravated in paroxysms. They were evidently uterine, and no doubt the result of the ergot. These pains continued with scarcely an interval of ease, and finally became so severe and exhausting that I was obliged not only to discontinue the ergot, but to resort to hypodermic injections of morphia to relieve the terrible suffering. Even after the discontinuance of the ergot, the pains continued to recur daily between twelve o'clock M. and one o'clock P. M., generally requiring a dose or two of the morphia to procure a night of rest.

In the meantime the cervix uteri gradually softened down and the os uteri became patulous, so as to admit the first phalanx of my finger, when I could reach the lower portion of the tumor. The pains still continued to recur daily. The os uteri became more and more soft and dilated, until it reached the size of a dollar, the lower portion of the tumor apparently becoming somewhat detached and gangrenous, filling up the os, and emitting a terribly offensive odor. I attempted with a strong polypus forceps to remove the offensive presenting mass, but could only tear away a part of the putrid portion, while as far as I could reach with my finger, I could feel the tumor firmly imbedded, apparently in the posterior and lateral walls of the uterus.

The constant suffering of my patient from the recurring pains, loss of sleep, etc., greatly exhausted her. Besides, her pulse became frequent

and irritable, and her skin was almost constantly bathed in profuse perspiration, while toward morning she sweated so profusely as to drench her clothing and the bed clothes. The discharge from the gangrenous mass became more and more offensive and profuse, and it became evident that my patient would die from septicæmia and exhaustion if the efforts of the uterus to rid itself of the offending tumor were not aided by the judicious application of art. Under these circumstances, I telegraphed to Prof. Thomas, to visit the patient and adopt such farther measures as he might deem necessary and expedient.

March 18, 4 o'clock, P. M., Prof. Thomas visited the patient with me; and in view of her weakened condition, the size of the tumor, its extensive attachments and the great danger to the patient from any farther delay, he advised the immediate removal of the tumor, if possible, by enucleation.

Accordingly Mrs. A. was placed fully under the influence of ether, and removed to a table in a strong light. Sims' speculum was introduced, when the tumor could be seen filling up the partially dilated os. Dr. Thomas seized it with strong forceps, but it was so putrid as to tear on making traction. After removing as much as possible in this way, the doctor succeeded in passing the loop of an écraseur around a part of the remaining undecayed portion of the tumor and removed another large piece, the wire of the écraseur breaking during the process. Having thus cleared the os and cervix of a considerable portion of the tumor, he next, partly by the use of an enucleator, and partly by a process of clawing, succeeded in entirely removing the mass, the whole process occupying upwards of an hour.

Mrs. A. was then carried to bed after the uterus had been freely washed out with carbolized water, and the effects of the ether allowed to pass off. She vomited several times, pulse frequent and feeble. Brandy and water were given *ad libitum* and a hypodermic injection of morphia gr. ss. was administered.

March 19, A. M.—Has passed a sleepless night notwithstanding the free use of brandy and morphia. Pulse, ninety-six; temperature, ninty-nine. Loathes food; perspires profusely; feels terribly sore.

P. M.—Pulse ninety-six; temperature ninety-nine and a-half. Treatment—Quinine gr. iij ter in die; beef-tea and milk; morphia hypodermically and by the mouth in sufficient doses to procure rest. Three grains have been taken during the day.

March 20, A. M.—Pulse ninety; temperature one hundred; discharge slight and not so offensive as before operation; continued treatment.

The uterus is washed out twice a day with carbolized water, by means of elastic catheter introduced quite up to fundus.

P. M.—Pulse, eighty-five; temperature, ninety-nine and a-half; the discharge becoming more free and offensive, but not as much so as before operation. Rests tolerably; still sweats profusely in the morning.

Without giving a detailed statement of the farther progress of the case, I will simply state that from this time Mrs. A. progressed favorably. Her profuse sweats gradually ceased; she soon began to crave food; the uterus soon subsided so as scarcely to be felt above the pubes. A few shreds of putrid matter were washed away by the injections, but the discharge soon ceased entirely, and in a short time the patient was sitting up, still feeble but apparently well, in much better health, at all events, than for several years past. The tumor, as nearly as could be estimated from the pieces, was about as large as a small cocoanut.

Case 3.—Sub-mucus Fibroid. Sloughing occurring during effort to gain access to the mass. Death from septicæmia.

Mrs. D., age unknown, but certainly not over thirty-five years; married nine years, the mother of two children, called upon me on the fifth of June, 1873, and gave the following history: For two years past, she has suffered from severe menorrhagia, the periods having lasted from eight to ten days, and been so excessive as to cause syncope and exhaustion. Upon her visit to me, she was very pale, suffered from severe palpitation and dyspnœa, and was much depreciated in health.

Physical examination revealed the os externum firmly contracted and unyielding, and the uterus half way between the symphisis pubis and umbilicus, and somewhat anteverted. The sound passed five inches into the cavity with ease, and caused no hemorrhage. I at once put her upon the full and steady use of ergot by mouth or rectum; and to aid in dilatation of the cervix, ordered the use of copious vaginal injections of hot water, night and morning.

In five or six months, under this course, with good diet, rest at menstrual epochs, and the use of hemostatics internally when hemorrhage existed, Mrs. D. greatly improved in her general condition, but the cervix still remained closed, and the intra-uterine growth, which I felt confident existed, could not be touched, nor its attachments accurately ascertained.

During this time I saw her very rarely, as she lived in Brooklyn,

but I knew that she very conscientiously persisted in carrying out the plan of treatment which I had advised.

On October 14, 1873, she entered my service in the Woman's Hospital, where the ergot was used hypodermically, and on two occasions the cervix was severed so as to allow the escape of the fibroid in the cavity of the body. On the 29th of December she was discharged, the cervix having so far yielded that the tumor could be readily touched by pressing the finger through the cervical canal.

After this I heard nothing of Mrs. D. until ————, when I was sent for to see her by Drs. Skene and Otterson, who had been called to her on account of the development of grave septicæmic symptoms. I found the tumor sloughing, giving forth a most fœtid odor, and the patient seriously affected by septic poisoning. She was quite delirious, the pulse was one hundred, and the temperature one hundred and six degrees.

I at once proposed the entire removal of the putrid mass, which, being agreed to, I readily accomplished by enucleation. But systemic poisoning had become too profound to be thus relieved. Mrs. D. did not improve, and soon died.

Had this patient remained under observation, or had she known the significance of the initiatory symptoms of septic poisoning, and sent for her physician in Brooklyn early enough, I think that she would have been saved.

The next case will demonstrate how perfectly removal of a sloughing tumor will sometimes put a stop to commencing blood poisoning.

Case 4.—Sub-mucous Fibroid enucleated during the progress of septic fever. Recovery. Reported by Joseph D. Anway, M. D., House Surgeon, Woman's Hospital, New York.

Mrs. Mary R., aet. forty-five, married twenty years, seven children, two abortions, youngest child ten years old, duration of illness five months; menstruation began when she was fifteen years' old, always regular, no pain, amount always great, time always three or four days. The quantity lost has increased very much during the last two or three years.

Physical examination.—Uterus is considerably enlarged. The sound passes to the left and backward five and three-fourth inches, seeming to mount up over something situated in the posterior wall.

Diagnosis.—Sub-mucous fibroid situated in posterior wall. Retroflexion. Treatment—Hot vaginal baths; Squibb's fluid extract of ergot, half drachm twice daily. The uterus was put in the position of antever-

sion, and a Cutter's retroversion pessary, with large bulb, was introduced. December 21st, uterus contracting; patient says she has bearing down pains after each dose of the ergot, which last four or five hours.

January 6.—Has just finished menstruating. This time the flow lasted eight days, and the quantity lost was much larger than at any time previous. The ergot was increased to one drachm three times a-day.

February 10.—Patient has again menstruated. The time was three days, and the amount the same.

February 24.—She has gained in strength; appears much better in every way; uterus very hard. She is to remain in the hospital two weeks longer, and if there is then no change in the position of the tumor, she is to go home and continue the use of the ergot as she has done here.

March 8.—Patient states that she has had several quite severe chills during the last four or five days, followed by fever and sweating. On examination, the os was found dilated so as to admit two fingers, and the growth presenting, which had already begun to slough, and the patient was showing some signs of blood poisoning; temperature one hundred three and a-half degrees.

March 9.—The patient under ether; the cervix was divided on either side by Dr. Thomas, the growth seized by strong forceps and traction made. At the same time the tumor was enucleated by the finger and scissors, and removed.

The patient was then put to bed, and ordered thorough washing out of the uterus every five hours.

March 11, A. M.—Patient doing well; has not had a bad symptom since the operation. The discharge is quite copious, and has a very bad odor. None of it is allowed to remain for any length of time within the uterine cavity. Her appetite is much improved, and she is gaining generally.

March 22.—Very little discharge; uterus now measures three inches in depth.

April 8.—Patient says she feels perfectly well. Uterus now measures two and three-quarter inches. Was to-day discharged.

For the report of the fifth case I am indebted to Dr. Stephen W. Roof, of New York, with whom I attended it in consultation.

Case 5.—Sub-mucous Fibroid removed by enucleation. Recovery.

Mrs. S——, aged forty years, married, has borne three children, the youngest fourteen years old. Has been in ill health for the past

two years, complaining of neuralgic pain in head and face; aching, dragging pain in the back, pelvis, and lower limbs; loss of appetite, vomiting, dysmenorhœa, menorrhagia, and metrorrhagia.

Vaginal touch and bi-manual palpation showed the uterus to be greatly anteverted, considerably enlarged, and quite tender on pressure. Suspecting an intra-uterine growth, I introduced sponge tents, and after dilating the cervix so as to admit the finger, could feel the lower portion of a hard, firm, rounded mass which was firmly attached to the posterior and right side of the uterine wall, above the os internum. The diagnosis of sub-mucous fibroid was made, and as the patient was not suffering very severely at the time; and as there had not been any dangerous hemorrhage, I did not deem an immediate operation justifiable. I accordingly advised the warm water douche to be used several times a-day to soften the cervix and render it more yielding, together with the internal administration of ergot, hoping to force the tumor through the external os, and then remove it by écrasement. With this view I gave one drachm of fluid extract of ergot, which acted promptly, but so energetically that I was obliged to control the excessive pain by hypodermic injection of morphia.

Shortly after this, my patient had a very severe attack of facial neuralgia, with vomiting, which lasted two days, and prostrated her very much indeed. At this time, Dr. T. G. Thomas saw her at my request, and after careful examination, fully concurred in the diagnosis, and advised a continuance of the treatment abovementioned, but the ergot to be given in smaller doses, and as soon as possible the tumor to be drawn down and removed.

The ergot was given in twenty minim doses every two hours for four days, but as she was evidently becoming more and more prostrated, Dr. Thomas again saw her, and an immediate operation was decided upon.

On the morning of May 26th, the lady being thoroughly anæsthetized, was laid upon her left side, and the perineum elevated with a Sims' speculum. The os was about three-fourths of an inch in diameter, in which the tumor was presented. The tenaculum was firmly hooked into the anterior lip and the uterus drawn down. The cervix was then divided on each side up to the vaginal insertion; the tumor was seized with the vulsellum forceps and an attempt made to draw it out of the uterus and encircle it with the wire rope of Braxton Hicks. Failing in this, a pair of fenestrated forceps were introduced, and a miniature instrumental delivery of the mass attempted, but so extensive

was the attachment, that no progress could be made. It soon became evident that enucleation was the only means by which the tumor could be removed, and this difficult procedure was done by Dr Thomas, in the following manner:

The mass being firmly held by the vulsellum forceps, a pair of scissors curved on the flat were introduced, and the capsule divided, then portions of the mass were peeled from their bed in the uterine wall by the fingers, and cut away with curved scissors. The operation lasted one hour, and the mass, when removed, weighed four ounces. The hemorrhage was trifling, but the shock severe, and continued three hours before reaction was fully established.

Intra-uterine injections of carbolic acid, one drachm to a quart of water, were ordered every twelve hours, and were carried up to the fundus in the following manner. A hard rubber nozzle of a posterior nasal syringe, about the size of a lead-pencil, was warmed in the flame of an alcohol lamp, and its shape altered so as to correspond to the axes of the uterus and vagina, this was attached by a piece of rubber tubing to the nozzle of a Davidson's syringe, through which the injections were safely and thoroughly made. The external genitals were covered with a mass of cotton batting, which had been soaked in a strong solution of carbolic acid and afterwards dried; and quinine given in doses of six grains morning and evening.

On the morning following the operation, the patient's pulse was one hundred and twenty, temperature ninety-nine, respiration twenty-four; had passed no urine since the operation. The catheter was introduced and the urine drawn, after which the intra-uterine injection was given. This was followed, in half an hour, by a violent chill which lasted an hour and a-half, followed by slight febrile reaction and profuse perspiration lasting through the night. At half-past six this evening, my notes show temperature one hundred and one and one-quarter, pulse one hundred and forty-six. The chill was successfully combated with hot bottles to feet and back, and a glass of hot spiced rum punch, with eight grains of quinine. From this time the quinine has been continued in eight grain doses every twelve hours, the intra-uterine injections made morning and evening, and she has steadily improved without a single untoward symptom.

HERNIOTOMY

FOR

REDUCIBLE INGUINAL HERNIA.

Closing One-Half of the Abdominal Canal its Whole Length Permanently by Silver Sutures

BY

PAUL F. EVE, M. D.,

Professor of Operative and Clinical Surgery in the Medical Department of the University of Nashville, Tenn.

Mr. ——, of Arkansas, had been the subject of hernia for thirteen years, for which he still wears a truss. Coming from a region of country where Gunn's authority in medicine was still supreme, little satisfaction could be obtained in regard to the particulars of his case. Laying aside the truss, an inconsiderable tumor presented itself at the internal abdominal ring and canal; but which did not escape through the external ring. The patient stated that it had never descended into the scrotum. There was also some enlargement of the spermatic cord of this side, probably due to, or increased by, wearing a truss, which he had used for several years.

After consultation with Dr. Buchanan, October 28, 1872, the following operation was performed on the twenty-first birth-day of the patient. A crescentic incision (convexity downwards) was made so as to expose the abdominal canal of the affected side, and the flap dissected up. The little finger of the left hand was now pushed into this canal, carrying before it the loose cellular tissue about the external ring, up to the internal one. Satisfying ourselves that the spermatic cord was safe behind the finger, a canula needle was passed through all the tissues, and the two columns of Ponpart's ligament approximated from the internal to the external ring. Seven stitches were taken, and thus about half of the anterior portion of the whole length of the abdominal canal was permanently closed by silver wire, deposited by the needle.

My idea was, not to draw the stitches very tight ; but to secure their ends on perforated shots, so that the wire might be subsequently removed ; but yielding to the opinion of my friend and associate in the case, they were tightened by forceps.

The well established facts in regard to silver wire being innocuous to the flesh, so that even arteries have been secured, and the peritoneum closed by it with good results, certainly sustains this practice. And while the wound, in this instance, did not heal by adhesion, something is chargeable to neglect in carrying out the directions in the treatment, so that the patient had developed a crop of boils. Still, at the end of three weeks, he left by boat for his distant home ; before which, however, he visited, on foot, our State capitol, college, museum, appeared before our class, etc., wearing only a soft cloth over the site of the wound.

Tenth of February, Mr. E., writes us, "I stood the trip home finely, and was very little wearied at any time ; my wound is doing very well, though not healing quite so rapidly as I expected." This was only thirty days after the operation.

CASE OF ACNE ROSACEA,

OR HYPERTROPHICA.

OUTGROWTHS REMOVED BY OPERATION.

BY

CLINTON WAGNER, M. D.,

Physician to the Metropolitan Throat Hospital, New York.

Case of W. M., aged fifty-three, native of Alsace, but since 1851 a resident of this country, short in stature, very stout and of full habit; occupation, wine merchant; has also followed the vocation of seaman, and during the rebellion served as lieutenant in a New York regiment; was admitted into the Metropolitan Throat Hospital, August 8, 1875; his nose was covered with growths as represented in Plate 1; livid in color; and cold, clammy, and greasy to the touch; the two largest attached respectively to the right and left ala were pedunculated, and interfered seriously with the act of taking food and drink. The others were sessile, the large one upon the ridge of the septum, broad and flattened. Neither the cartilages externally nor the mucous membrane internally were involved. He stated that small swellings or lumps first appeared upon his nose as far back as 1868. No increase in size was perceptible until 1872, when they began to enlarge and in a short time attained the volume they presented at the time of consulting me for treatment. He has been an habitual drinker for many years of the light claret and white wines of France, but not addicted to indulgence in spirituous liquors or beer.

In the operation for the removal of the tumors, the pedunculated ones were divided close to the cartilage. From the large one on the right ala copious hemorrhage ensued from quite a large vessel; it was readily controlled however by torsion. From the sessile growths slices were taken by elliptical incisions and the remainder of the hypertrophied tissue dissected out from under the surface of the infiltrated skin, care being taken to leave sufficient flap to cover the cartilage. The edges

of the wounds were brought together by fine silk sutures, about fifteen being required. Under simple dressings rapid healing followed.

The portions removed weighed five hundred and ten grains. At the present time, nine months after the operation, there is no evidence of a return of the disease. Plate 2. The following observations upon the histology of this very rare form of Rosacea, together with the report of the microscopical examination of the growths removed from this case, are taken from Dr. Piffard's recent work on "Diseases of the Skin."

PLATE NO. 1.

"HISTOLOGY.—The histological processes in Rosacea are probably the same as occur in chronic congestive and inflammatory states else-

where. In the third stage, which alone I have had an opportunity of examining microscopically, I have found great thickening of the corium with development of new connective tissue and enlargement of the blood-vessels, principally the veins. The sebaceous glands were many of them enlarged, sharing with the other elements of the skin the common hypertrophic tendencies. They did not appear, however, to have undergone any qualitative changes, with the exception that some of them were filled with impacted sebum. Small cell

PLATE NO. 2.

infiltration occurred to a limited extent along the course of the vessels.

In a specimen from a case of excessive enlargement referred to me by Dr. C. WAGNER for microscopical examination, in which the portions removed weighed about four hundred and forty grains, I found the following changes: The stratum corneum was exceedingly scant, consisting at most of but one or two layers, and in some parts entirely absent. The stratum Malpighii was very thick, with mostly large and

well formed cells. In some parts, however, the nuclei were shrunken and deformed, or entirely absent, leaving vacuoles. The papillæ were enlarged in length and breadth, and contained many round and fusiform cells. The sebaceous glands were not much altered except that the nuclei of the cells were indistinct, and did not imbibe carmine readily. In many cases the nuclei were shriveled or absent. The margins of the cells were irregular. Some of the glands were normal, but the others were undergoing degenerative, not hyperplasic changes. The derma was very greatly thickened, but presented the aspect of an adult tissue, and not one in the course of formation. There were a few round and spindle cells, but immature connective tissue was not seen. The lesion, on the whole, appeared to be a pure hypertrophy of the dermal connective tissue, manifested by an increase in the number, but not in the size of its elements, with degeneration of the glands, probably from pressure."

A microscopical examination of the specimen was also made by Dr. E. B. Bronson, with the same result as obtained by Dr. Piffard.

The accompanying wood cuts are from photographs.

A NEW OPERATION

FOR

LACERATION OF THE FEMALE PERINÆUM,

BY

DANIEL M. STIMSON, M. D.,

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The difficulties in the way of surgical procedure in the treatment of extensive laceration of the female perinæum are two fold:—those depending upon muscular traction, which tends to separate the freshened surfaces, and those which have their origin in the tendency of the surfaces, shut in as they are, to throw out pus rather than adhesive products.

The anatomy of the parts shows us that the sphincters of the anus and vagina form a figure of eight around the mouth of the vagina and the end of the bowel. After a complete laceration, they form one great inefficient sphincter around the orifice now common to both canals. This of itself may not drag apart the ruptured surfaces, but other muscles—the transversi perinei and the levatores ani—drawing from the sides of the pelvis upon the sides of this sphincter, in the absence of the tendinous centre of insertion, tend directly to separate them.

The next difficulty is to be found in the situation of the parts involved. In any event, the deeper portions of lacerated tissue, and, unless the thighs are kept widely apart, the superficial ones also, are continually self-poulticed by their own heat and moisture, so that the formation of pus is invited, rather than an adhesive process.

Added to this, the parts are almost invariably bathed with catarrhal discharges from the vagina and rectum. This difficulty has, apparently, not been sufficiently recognized, for the common practice is to bind the limbs firmly together. The object of this is, of course, to prevent traction upon the approximated surfaces. But this is not a point of such vital importance as at first sight appears, for the separation and movement of the limbs would hardly exert traction upon any

parts deeper than the skin, and even this can be prevented by the simple relief cuts recommended by Dieffenbach. Moreover, the union of the superficial parts need not concern us much, for experience shows that the greatest difficulty lies in securing union of the deeper portions of the wound. How many times an operation gives as a result good external union, but leaves a recto-vaginal fistula! I think we can hold the ordinary method of bringing and keeping the deeper parts in coaptation at least partially accountable for failure in these cases. This method is by means of deep sutures which enter the skin at a distance from the pared surface, and pass downwards and inwards in a curvilinear direction to the bottom of the wound, and thence out upon the opposite side in a like course. When tightly drawn, the tendency of such a suture must be to draw itself towards a straight line between its points of entrance and exit, and so cut itself loose, thus allowing a separation of the deeper portion of the wound.

A new method of procedure, which seems to be better than any hitherto described, has been devised by Dr. Willard Parker, and employed by him in seven cases, in all with perfect success. One of these may fairly be regarded as a test case, for the patient was a very fleshy woman, anæmic and nervous, with a laceration extending one and a half inches into the recto-vaginal septum. She had undergone seven operations at the hands of eminent surgeons without any relief, and Dr. Parker's first operation upon her resulted in a complete success. The follwing report of a case recently operated upon by myself will give the details of the method.

Mrs. V. aet. twenty-eight, during first labor had her perinæum torn completely through into the bowel, the rent extending two and a-half inches up the recto-vaginal septum. The labor was instrumental and exceedingly difficult, her pelvis being contracted at the sub-pubic arch. An operation was performed two months after the accident, but it was unsuccessful.

On May 10, 1876, I operated upon her, assisted by Drs. Geo. A. Peters, and Willard Parker, Jr., Willard Parker, Sr., being also present. The patient, having been duly prepared for the operation by warm douches and attention to diet and bowels, was etherized, placed in the position for lithotomy, and the parts were shaved. The sphincter ani was divided subcutaneously close to the coccyx on either side, and the muscle stretched. I then dissected, from below upwards, the cicatrices from the ruptured surfaces, leaving the flaps thus obtained attached to the vaginal surface; and split the edge of the recto-

vaginal septum so that raw surfaces might be obtained without loss of substance. Next I made a slightly curved incision, three inches in length, parallel to and three quarters of an inch from the edge of the wound on either side, and carried it deeply enough into the ischio-rectal fossa to enable me to press the deepest part of the fissure together, by my fingers passed to the bottom of these cuts.

A doubled silver wire was then carried from the bottom of one of the side cuts through the angle of the wound at the split septum to the side cut opposite, and the ends secured around a piece of elastic catheter. The edges of the split septum were united by fine sutures both in the vagina and rectum; two more double wire sutures were placed in the wound and twisted over bits of catheter, one three quarters of an inch nearer the surface than the first, and the third through the centre of the perineal mass. The cicatricial flaps were now trimmed and brought together so as to form a valve of protection from vaginal discharges, after the idea of Langenbeck. Fine sutures were used also in bringing together the mucus membrane of the rectum; and lastly, the more superficial parts of the perinæum were united by the ordinary silk suture.

The patient was now placed upon her back in bed, her thighs separated widely, and a single thickness of sheet made to be the only covering over their upper parts. A Jacque's gum-elastic catheter was passed into the bladder, with conducting rubber tube; and a dose of morphine administered. The deep sutures were removed on the fifth day. The bowels were moved by caster oil and enema on the tenth day. The catheter was retained until the tenth day.

I have to-day, May 30, examined the patient, and find the recto-vaginal septum complete, the perineum entirely restored, and the patient can control the sphincter perfectly unless the bowels are loose.

The distinguishing features of this operation are: *First*—That the deep sutures draw in a straight line and a more secure coaptation of surfaces is thereby obtained. *Secondly*—The side cuts relieve traction by dividing the transverse perineal muscles as well as skin and fascia; *Thirdly*—Air is admitted freely to the wound, and "poulticing" to a certain degree prevented.

TRANSFUSION OF BLOOD

IN THE

LAST STAGES OF PHTHISIS.

BY

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THE following cases afford an illustration of the peculiar effects of the introduction of healthy blood into the circulation of patients suffering from advanced phthisis. They are especially interesting at the present time, because the utility of the operation in asthenic conditions, is the subject of much discussion. Many consider it to be an unprofitable procedure in every morbid condition other than that which arises from severe hemorrhage, while a few believe in its efficacious action in low forms of disease, where ordinary medication has failed to restore the lost vitality. The results obtained in the cases here recorded, will show pretty conclusively the true value to be attached to the operation.

CASE 1.—Mr. P., aged forty; occupation, lawyer; residence Brooklyn, was operated on in February, 1875. He came of healthy stock, but from early life had lung disorders of various kinds. At the age of nineteen, he developed pneumonia, from which he never fully recovered. Since then, at various intervals, he has suffered from all the concomitants of consumption, such as dyspnœa, cough, hemoptysis, and night sweats. In 1868, he became very much emaciated, cavities formed in his lungs, and his life was dispaired of. Dr. Vrooman, his family physician, had him removed to a Southern watering place, where he remained until his renewed strength enabled him to resume the active business of his profession. His astonishing endurance enabled him to continue at work until January, 1875, when a severe diarrhœa set in, which, in a few weeks, detroyed all hopes of even partial recovery. On the 11th of February, 1875, I first saw him. He was then sinking rapidly. His pulse was extremely weak, rapid, and sometimes

scarcely perceptible. The hands had a clammy feel. The capillary circulation in both upper and lower extremities, was considerably interfered with. Large cavities existed in both lungs, in front and behind, and there was some pleuritic effusion on the right side.

The medical gentlemen present at the time, (Drs. J. C. Hutchison, Vrooman, Catlin, and Barber,) agreed with me, that the case was a hopeless one, and that the operation of transfusion would be of little or no service; but as the patient anxiously desired to have his life prolonged a few hours, if possible, it was decided to perform it.

The instrument usually employed by me in transfusion, (Dieulafoy's Aspirator,) was used in this case.* A solution, containing ten grains of carbonate of ammonia to one ounce of water, was placed in the aspirator, and the whole instrument immersed in a basin of warm water, held by an assistant. Dr. Vrooman having volunteered to furnish the blood, a bandage was placed around his right arm, above the elbow, sufficiently tight to obstruct the return circulation through the veins, without interfering with the arterial current. When the veins were fully distended, I inserted the hollow needle connected with the tube of the aspirator into the median basilic vein, turned the stop-cock of the aspirator, and allowed the blood to flow into the cylinder, and mix with the ammonia solution, formerly mentioned. Almost five ounces of blood were drawn off in this manner. The blood was then forced slowly through the tube of exit on the opposite side of the aspirator, so as to displace the air. The tube was then attached to the canula, previously placed in the cephalic vein of the patient. The handle of the aspirator was turned, and the blood thrown in. The injection was made very slowly so as not to overload with blood the already weakened heart; but notwithstanding this precaution, the first two ounces injected made the pulse imperceptible at the wrist, and the respiratory movements more hurried. The eyeballs twitched from side to side, and the patient became partially unconscious. By pressing repeatedly in the epigastric region so as to force up the diaphragm, the respiratory movements became more natural, and the pulse perceptibly fuller. Two ounces more were then thrown in with a similar result. The insensibility was however more marked. For more than an hour after the operation was completed, he remained

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The ordinary tubes and needles of the aspirator are of no service in transfusion. I have added to the instrument, needles, tubes, and canulæ specially adapted to the operation. For a description, see *New York Medical Record, April, 1874.*

in a semi-unconscious state. The respiratory movements seemed to be natural, but the pulse was feeble and intermittent. Subsequently the pulse grew stronger, his senses returned, and the rest of the day he seemed to be much better than before the operation. On the twelfth he expressed a desire for food, (something new for him,) but could keep little of it on his stomach. On the thirteenth he grew more feeble, gradually sank until the fourteenth, when death took place. No post mortem was made.

CASE 2.—I. M., aged thirty-five; occupation, laborer; was admitted to Charity Hospital in October, 1875. He stated that two years previous to his admission, he contracted a severe cold, which was accompanied by a troublesome cough and a muco-purulent sputum. He was frequently troubled with hemoptysis, soreness over the upper part of the chest, and difficulty in breathing. On admission, a large cavity was found in front over the upper part of the right lung, and softening at the left apex. His pulse was rapid, ranging between one hundred and five and one hundred and twelve per minute. The temperature of the body was one hundred and one. He did not improve under treatment. Every unfavorable symptom increased in severity until January, when I first examined him. He then had a temperature of one hundred and two, a pulse of one hundred and twenty, and the respirations numbered thirty per minute. Both lungs were very much disorganized. There was a sense of constriction over the chest, and want of air felt constantly. Severe pain in the chest kept him awake at night. As the patient was sinking rapidly, notwithstanding all kinds of medication, it was decided to try transfusion, and the operation was accordingly performed at my hospital clinic on Monday, January 31st, 1876.

I used the aspirator prepared as in the previous case, obtaining the blood in the same way from a healthy patient in one of the surgical wards. A little over four ounces of blood was injected into the cephalic vein of the patient. As the operation proceeded, he exclaimed, "Oh, that feels good—it 's so nice and warm—I can feel it all through me." He did not exhibit any unfavorable symptoms during the operation. At its completion his pulse was found to have dropped from one hundred and twenty-five to one hundred and twelve. Of course some of this change in the pulse was due to recovery from fright, but, as it had not been so low for weeks, it is reasonable to suppose that the favorable change was mainly due to the transfusion.

Towards evening, the patient's temperature increased. The next

day it reached one hundred and four, while the pulse ranged from one hundred and thirty-five to one hundred and forty. Yet the patient said he felt easier, breathed more naturally, and slept better than he had done before. On the Thursday after the operation, the temperature began to fall until it reached one hundred and one. The pulse dropped to one hundred and five.

For two weeks after he was quite comfortable—in fact. much better than before. At the end of that time, however, unfavorable symptoms again set in with renewed vigor. The disorganization of lung tissue proceeded rapidly, and death took place four weeks from the day of operation.

A post mortem examination confirmed the condition of the lungs previously made out. There were no signs of extravasation in the lung tissue, or abnormal appearances in the vessels through which the transfusion was made.

Case 3.—P. O. B., aged fifty-two; occupation, tailor; was admitted to Charity Hospital, December 26, 1875. One year previous to his admission, he caught cold, and had a severe cough after it, with profuse expectoration. Four weeks subsequently he began to spit blood, loose flesh, and his appetite became impaired. Going up stairs occasioned considerable shortness of breath, and made his lips livid. On examination, he was found to have extensive consolidation at the apex, and a small cavity at the right. His respirations were not much increased in frequency. The temperature of the body rarely went above one hundred. His general condition was better than that of the other two patients. He was anxious to try transfusion, as the various remedies previously employed did not affect him favorably.

In this case I employed the new French instrument for transfusion, invented by Matheuci. It is an instrument that has one excellent quality, viz.: that it is almost impossible for air to enter the veins with the injected blood. The blood is received into an open cup, and injected at once—in some instances without defibrination. I did not think it right, however, to inject blood exposed to air, and with its full proportion of fibrin; so the liquid was defibrinated by means of a glass rod. The injection was made very slowly, as in the previous cases. When about two ounces had been thrown in, the patient's face became livid; his respiration gasping, and he said he was going to die from suffocation. His symptoms were so alarming that I did not inject any more. The next day his temperature went up to one hundred and two. The pulse reached one hundred and ten. His

cough seemed much better, but in other respects he was about the same. At the end of a week from the date of operation, his temperature and pulse were unchanged, and he is to-day neither better nor worse for the transfusion.

The conclusions arrived at from the history of these cases may be briefly stated:

First—The operation of transfusion in phthisis is peculiarly dangerous, because with a weakened heart there is obstruction to the circulation in the lungs, and deficient aeration of the blood, which both tend to overcome the heart's action and produce syncope.

Second—The introduction of healthy blood temporarily improves the condition of the patient, in much the same manner that alcohol and quinine do, when taken into the system.

Third—The transfusion of blood in advanced phthisis is scarcely a justifiable operation, because the temporary benefit obtained does not by any means compensate for the risk of the operation.

42 West Twenty-Fourth Street.

UNRECOGNIZED
DISLOCATIONS OF THE SHOULDER JOINT.

BY

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Several years since I had occasion to examine the shoulder of a patient who had sometime before received an injury by a fall. The case had been treated as a bruise, and was apparently convalescing favorable. There was an evident loss of rotundity in front of and below the acromion, and prominence posteriorly; the arm hung by the side, the elbow being thrown slightly forward and outward; there was very good motion except in abducting the arm, and in placing the hand upon the head; the power of using the arm was satisfactorily increasing. On careful examination of the shoulder, it was discovered that the head of the os brachii was behind the glenoid cavity, but in close contact with its posterior margin. The dislocation was easily reduced by traction, on the arm in a direction forwards and downwards, with immediate relief to the more prominent symptoms.

A second case recently came under my observation. A blind man stumbled and fell, striking upon the shoulder. He suffered somewhat from the immediate effects of the injury, and after a few days applied to a physician who examined the shoulder, and decided that he was suffering from a sprain. I saw him several weeks after the injury, and found the condition of the shoulder quite like the preceding case. There was a perceptible loss of fullness under the anterior part of the acromion, and prominence posteriorly, the arm hung by the side as in the former case; he could move it freely except upwards and backwards, and in these motions he was not altogether restricted. He stated that he was daily gaining more and more use of the limb. It was readily reduced by moderate traction forwards, and with a marked snap. On the following day re-dislocation occurred, on slight movement of the arm forward. On being restored, firm support was given to the arm, and the recovery was complete.

Dislocations backward of the upper extremity of the os brachii are of two varieties, viz.: sub-acromial, and sub-spinous. The second variety, sub-spinous is not difficult of detection, as the deformity is very marked, and the arm severely crippled in its movements. Sub-acromial dislocation, however, is not so readily diagnosed.

In both of the cases given, the dislocation had escaped recognition by the physicians who first examined them, and in both, the patients were apparently satisfactorily recovering from what was believed to be a sprain. There is little doubt that they would have recovered with very useful limbs, new articulations being forward. Is it not probable that this form of dislocation occurs much more frequently than our surgical authorities lead us to believe? These cases are not exceptional. Many of the reported cases were not correctly diagnosed at first Even Sir Astley Cooper failed in two instances to recognize the nature of the displacement at first, as did also Bransby Cooper in his single case.

Dr. Le Gros Clarke has recently had a similar case under treatment, (St. Thomas Hospital Reports, volume five,) and inclines to regard it as a partial dislocation, the head resting on the posterior edge of the glenoid cavity, the capsule being unruptured.

New York, 57 West Forty-Seventh Street.

HOSPITAL RECORDS.

PENNSYLVANIA HOSPITAL, PHILADELPHIA.

Reported by JOHN B. ROBERTS, M. D., Resident Surgeon.

Fracture of Pelvis and Rupture of Urethra, (Service of Dr. William Hunt.)—The patient, while working in a mine, was crushed beneath a falling mass of coal, which struck him on the back. When admitted, the day following the accident, there was seen, at once, fracture of both legs; but in addition, the abdomen was tympanitic and tender, and the patient said he had passed no water since the day previous. On the introduction of the catheter, it apparently reached the membranous portion of the urethra, and then turned to the left, so that the external end of the instrument made a quarter revolution; it could also be passed in the same way to the other side. When in these positions, there flowed out from it a small amount of bloody urine. By careful manipulation, the instrument could be made to pass in the normal direction, and then also did urine escape.

After admission, the patient could sometimes pass his water voluntarily, at other times, it dribbled from the penis, and occasionally, he felt pain, but could not micturate. At these times the catheter was employed, and urine drawn, sometimes from the bladder, sometimes from the abnormal situations. The abdomen was constantly distended, but not very tender.

The man died on the ninth day, and the autopsy revealed fracture of the right os innominatum at junction of pubic bone and ilium, with fracture of body of the left pubic bone near the symphysis. There was urine behind the pelvic peritoneum on both sides, and considerable clear urine in the bladder, which was not ruptured. The membranous portion of the urethra was so gangrenous that it was impossible to tell where the rupture had occurred.

The fracture of pelvis could no doubt have been readily diagnosed before death, if it had been thought wise to annoy the evidently dying man by making a careful examination.

Hair-Pin Extracted from Female Bladder, (Service of Dr. William

Hunt.)—A child, twelve years old, on account of irritation at meatus of urethra, introduced an ordinary hair-pin into the canal. It slipped from the child's grasp into the bladder, and she was brought to the hospital for treatment. The patient was fully anæsthetized and a pair of dilating forceps introduced into the urethra, which was rapidly stretched until the surgeon's finger could be pushed into the bladder. Here the hair-pin was felt with the two points directed towards the urethra. After some little trouble, the foreign body was turned, and then extracted by passing a pair of narrow forceps alongside of the index finger. The child, so far as known, suffered no marked inconvenience afterwards.

Procidentia Uteri Cured by Operation, (Service of Dr. R. J. Levis.)—A most aggravated case of procidentia uteri, in which the uterus was almost entirely outside the pelvis, forming an ulcerated tumor between the thighs, was recently cured by the following procedure.

The hypertrophied and ulcerated cervix was first excised by means of the écraseur, and the prolapsed organ replaced. Then a large triangular portion of the mucous membrane of the vagina was dissected in such a manner, that the point of the triangle was situated at the perineum, while the base was directed upwards. The two inner angles. and the right and left halves of the base of the dissected surface were approximated by shotted sutures within the vagina; and then the sides of the triangle were brought together by similar sutures externally. Finally, a few deep sutures were introduced to give strength to this "inverted-wedge-shaped supporter and narrower" of the vaginal tube. The patient made a happy recovery, and was discharged, cured, in a little over five weeks after operation.

MERCY HOSPITAL, CHICAGO, ILL.

Reported by C. A. PALMER, M. D., House Surgeon.

Stretching of Crural and Sciatic Nerves, May 27, 1876.—Some time since the patient received an injury, from which resulted paraplegia and cramps in both legs so violent that he could not rest. Ether was administered, and the nerves cut down upon and stretched with the finger, after the method inaugurated by Prof. Von Nussbaun, of Munich, (*Deutsche Zeitschrift fur Chirurgie*, Bd. I., Hft. 5, p. 450.) The wounds healed quickly, and the cramps were relieved in all the muscles except

those supplied by the obturator. The patient still has great pain in small of back during cold rainy weather.

Amputation of Thigh, May 27, 1876.—Case of caries of the knee-joint caused by bullet wound in 1862. Ether administered, Esmarch's bandage applied, and flap amputation in lower third performed. No bad symptoms. Stump nearly healed.

Staphylorraphy, June 3, 1876.—Ether administered, edges freshened, periosteum stripped up, and four silver sutures inserted. Operation only partially successful.

Cystic Tumor of Inferior Maxilla, June 6, 1876.—Tumor had been growing for fifteen years. On exploration it discharged a large quantity of a fœtid sanious liquid. Ether was given, two teeth extracted, and the tumor cut into and anterior wall removed. Since operation it has been freely syringed with carbolized water. It is now much reduced in size, the odor is not very offensive, and it is granulating from the bottom.

KINGS COUNTY HOSPITAL, FLATBUSH, L. I., N. Y.

Reported by A. T. BRISTOW, M. D., Late Senior Assistant Physician.

Median Lithotomy, (Service of Dr. P. L. Schenck, Med. Sup't.) May 11, 1876.—Patient aged nine years, from whose bladder a phosphatic calculus weighing two hundred and fourteen grains was removed entire, by Allarton's method. No bad symptoms, and wound completely closed at end of twelve days.

Median Lithotomy, (Service of Dr. P. L. Schenck,) May 11, 1876. —Patient aged fourteen. Median operation performed; stone crushed, and fragments removed. It proved to be phosphatic, and weighed three hundred and ninty-five grains. Recovery rapid and complete. Wound closed at end of twelve days.

Traumatic Hæmatocele—Extirpation, (Service of Dr. Schenck.)—F. J., aet. fifty-five, farmhand, colored, two years and a-half ago received a blow on the right testis, which was followed by slight pain and swelling; not sufficent however to disable him. The tumor remained small until six weeks previous to the date of operation, when it increased rapidly in size, and became very tense and painful. This the patient ascribes to exposure to cold and wet. One week previous to the operation a trocar was introduced and about sixteen ounces of a sero-sanguinolent fluid drawn off. The cavity of the tumor filled

again, and the symptoms continuing unabated, removal was deemed advisable. Accordingly the entire mass, including the testicle, was enucleated. The portion removed was oval in shape and about the size of the doubled fists. The tunica vaginalis was much thickened and lined with a fibrous deposit resembling the laminæ of an aneurismal sac. Examination by the microscope failed to discover any trace of malignant disease. The patient recovered without accident within three weeks.

UNIVERSITY HOSPITAL, BALTIMORE.

Reported by T. A. ASHBY, M. D., Resident Physician.

Vesico-Vaginal Fistula and Ruptured Perineum—Operations.—Mrs. M. T., aet. twenty-two, was delivered instrumentally on May 1, 1875, upon which occasion, there was established a fistulous opening about an inch in length between the urethra, vagina, and bladder; also a partial rupture of the cervix uteri and perineum. Atresia vaginæ resulted from contraction of cicatricial tissue, which was entirely cured by wearing a vaginal plug, from July, 1875, to February, 1876. The fistula was now operated upon and almost entirely closed. A second operation was done on June 1st, but there still remains an opening the size of a millet seed.

Removal of Uterine Fibroid.—Patient aged thirty-nine, had suffered for a long time from the usual symptoms of uterine tumor. An examination revealed a pediculated fibroid about the size of an orange, which was removed by the écraseur, after first incising the cervix to the vaginal reflexion on either side. Patient doing well at date of writing, notwithstanding large loss of blood, both previous to and during the operation.

Amputation of Penis for Epithelioma.—A. D., aet. fifty-seven, first noticed swelling of the glans penis twelve months ago, which was attributed to a kick upon the organ by a child sleeping with him. Penis increased greatly in size, and presented a warty, fungous appearance. There was congenital phimosis, and by reason of the excessive growth of the prepuce and glans, the meatus was almost entirely occluded, and urination accomplished with great pain and difficulty. The organ was amputated one and a-half inches from the pubis. Patient has improved since date of operation.

NEW YORK HOSPITAL, NEW YORK.

Reported by THOS. R. SAVAGE, M. D., House Surgeon.

Transverse Fracture of Patella.—James C., aet. fifty-three, admitted February 5, 1876, fell, striking on patella against edge of curbstone; separation one and one-quarter inches; acute synovitis, followed with effusion; reduced by cooling lotions; treated by superior and inferior pads; and drawn together by adhesive straps and posterior splint.

March 4.—Plaster splint applied. Discharged April 17. Fibrous union and separation of fragments one-half inch.

Comminuted Fracture of Patella.—John F., admitted February 13, aet. twenty-one, fell through two sky-lights, sustaining fracture of patella, it being separated into three fragments; and laceration below knee; followed by extensive effusion into joint. Treatment consisted strictly of rest in extended position, with cooling applications. There was but little separation. At time of discharge, April 12, there was no separation nor motion between fragments.

Compound Fracture of Patella.—Mary E., aet. thirty-two, while climbing a fence, fell, striking upon the knee, sustaining a transverse fracture, with a punctured wound communicating with knee joint, such as would have been made by a nail; from which blood flowed freely. Collodion scab applied over opening; limb extended, and lead and opium wash, with ice bags applied. In three days, the edge of collodion dressing was raised, and a considerable quantity of old blood pressed out. Dressing again applied, and in a few days it entirely closed. Fracture was treated in same way as the first case above, and resulted in ligamentous union with separation of between one-half and three-quarters of an inch.

Compound Depressed Fracture of Frontal Bone.—John C. M., aet. thirty-five, admitted February 16. Injury caused by blow from brick crushing in left frontal sinus, both tables. Brought in five hours after injury. Button of bone trephined out and six fragments removed—upper wall of orbit found to be fractured and pressed down upon eye. fragments brought as near natural relation as possible, wound closed and compress applied to stop hemorrhage, which was excessive and venous. Treatment consisted in cold applications of ice bags. On 20th inst. erysipelas set in, when the patient was isolated. Treatment low diet, sal Rochelle one ounce, every other day; tr. ferri chlor. M. XX and quin. sulph. one and a-half grains every two hours. Wound syring-

ed out every three hours with a solution of carbolic acid—dram and a-half to the pint. Erysipelas disappeared in a few days. Patient afterwards making good recovery without anything further of note. Discharged March 17.

Fracture of Femur.—Wm. S., aet. eighteen, admitted February 18. Slipped a distance of six inches, striking upon foot, and fracturing left femur for third time at same place; shortening two and three-quarter inches. Etherized and fragments thoroughly separated. Buck's extension with fourteen pounds applied.

March 26,—Plaster splint applied; limb quite straight; shortening reduced to one and one-quarter inches. Discharged April 26, with firm union. He has had eight fractures at different times in lower extremities.

Fracture at Base of Skull.—Jeremiah G., aet. twenty-four; admitted May 13; fell from scaffolding twenty-six feet, striking on a sewer pipe on left parietal bone. Intense shock; hemorrhage from ear with profuse serous effusion from left ear; facial paralysis left side; pupils dilated slightly; serous discharge from ear ceased two days after admission and was followed by ecchymosis around left eye with injection of sclerotic coat, and swelling. Treatment consisted in light diet, quiet and rest, with occasional doses of morphiæ sulph. and sal. Rochelle. June 6.—Discharged cured. Facial paralysis remaining.

Fracture of Pelvis and Sternum.—Ellen B., aet. forty-four; admitted May 22. Injury caused by fall down cellar stairs, sternum fractured through middle. Flange of left ilium broken off, extensive contusions of back and buttocks with loss of power over lower extremity. Firm bandage around chest, and rest of lower extremities upon feather pillows, was the treatment adopted. No bandage around pelvis being bearable. Recovery very good.

ALBANY HOSPITAL, ALBANY, N. Y.

Reported by W. A. HALL, M. D., House Surgeon.

Abscess of Maxilla—External Plate Removed and Imbedded Molar Tooth extracted, (Dr. Van Derveer.)—Miss E. S., aet. seventeen. About one year previous to admission first noticed an enlargement of the right side of jaw, but experienced no pain or inconvenience until the following September, when she had a tooth extracted. Since this

time she has had severe pain at intervals, and also considerable discharge from the cavity from which the tooth was drawn. At the time of her admission the right side of the jaw was greatly enlarged, the cavity of the mouth being not much involved. General health good. The periosteum was dissected back and the external plate of the jaw removed, disclosing a cavity in the centre of which a large molar tooth was imbedded. Tooth was removed and dressings applied, upon which the patient speedily recovered.

Removal of Ulcerated Tumor from Face.—Mr. J. P. M., aet, seventy-three. Admitted in rather feeble condition. Upon the left side of face a large ulcerated tumor presented, which had been growing for over fifteen years. It was successfully removed with but little hemorrhage, although the external carotid was divided. Patient sustained the operation well, and left hospital with a fair prospect of a complete recovery.

Removal of Large Adenoma from Breast.—Mrs. S. J. T., aet, fifty-four, presented herself with a large tumor upon the inner side of the right breast, of several years growth, and presenting all the appearances of an adenoma. Successfully removed; the wound closing by second intention.

Removal of Large Tumor from Face and Neck, (Service of Dr. Hailes.) —Mr. T. M., aet. sixty-seven. Admitted with a very large tumor upon the side of the face and neck. It had been removed twenty-five years ago, but had recently returned. Operation for its removal involved the entire parotid gland, and also ligation of all the large arterial and venous trunks in the neck. Patient discharged with a fair prospect of recovery.

BIBLIOGRAPHY.

In our August number we shall commence a carefully prepared analytical and critical review of the latest and more important publications.

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3. On a Rare Form of Idiopathic Localized or Partial Atrophy of the Skin. By R. W. Taylor, M. D., New York, pp. 8.

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5. The Effect of Small Doses of Mercury in Modifying the Number of the Red Blood Corpuscles in Syphilis. By E. L. Keyes, M. D., New York, pp. 23.

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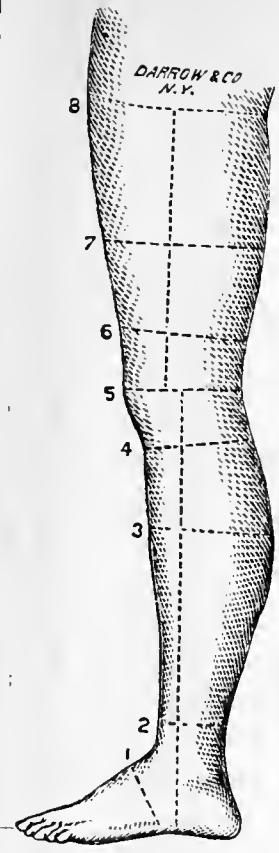

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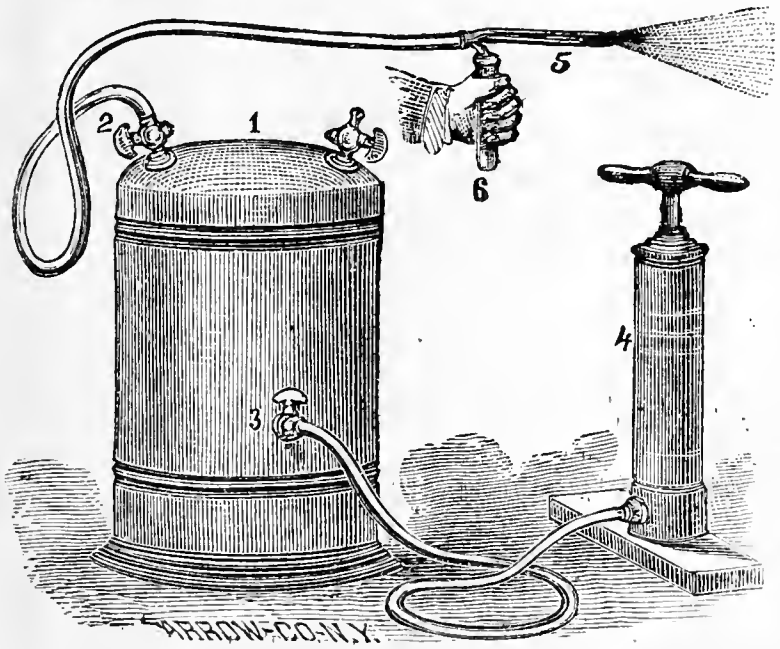

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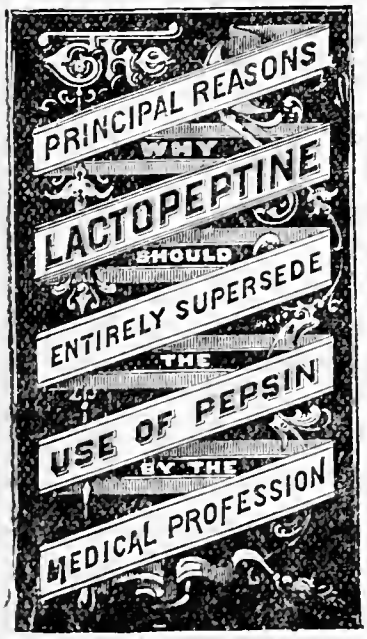
LACTOPEPTINE, *as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.*

FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 *Ounces.*	*Veg. Ptyalin or Diastase,*	1 *Drachm.*
Pepsin,	4 "	*Lactic Acid,*	24 *fl. Drachms.*
Pancreatine,	3 "	*Hydrochloric Acid,*	24 *fl.* "
	Powder and Mix.		



1st.—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.

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5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.

6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. *An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.*

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The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

——oo——

The undersigned, having tested REED & CARNRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, *April 6th*, 1875.

J. R. LEAMING, M. D.,
Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,
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Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,
House Physician Belevue Hospital.

GEO. F. BATES, M. D.,
House Surgeon Belevue Hospital.

——oo——

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of *LACTOPEPTINE*, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON., M. D.

——oo——

BRANDON, VT., March 31st, 1875.

I desire to say that I have used *LACTOPEPTINE* for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,
Late Professor of Obstetrics and Diseases of Women and Children Vermont Med. College.

——oo——

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of *LACTOPEPTINE* and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of *LACETOPEPTINE* in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

A large proportion of diseases are the result of imperfect digestion.

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhœa, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

——oo——

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy. H. E. HUNTER, M. D.

——oo——

WEST NEWFIELD, ME., June 14th, 1875.

LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

——oo——

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years. JAMES M. WILSON, M. D.

——oo——

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

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EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F C. CORNELL, M. D.

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CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

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* We desire particularly to call the attention of the Profession to the great value of LACTOPEPTINE when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.

One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.

CHILLICOTHE, MO., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used. J. A. MUNK, M. D.

——oo——

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

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WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered. Very truly, E. B. SMOKE, M. D.

——oo——

INDIANOLA, IOWA, December 11th, 1874,

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomting stercoracious matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine. C. W. DAVIS, M. D.

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CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than a ny other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

——oo——

MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine did'nt hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

One drachm of Lactopeptine will transform four ounces of Starch into Glucose.

COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsionizing fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

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AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Wine and Troaches.

LACTOPEPTINE is also combined with the following preparations:

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

——oo——

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

——oo——

ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

——oo——

ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

——oo——

ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

——oo——

ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

——oo——

SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

——oo——

FORMULÆ.

The following valuable formulæ have been contributed by J. KING MERRITT, M.D., *who has used them with great success in his practice:*

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

℞	Liquid Lactopeptine,	dr.	vi.
	Fl. Ex. Cinchona Comp,	dr.	i.
	Fl. Ex. Taraxacum,		
	Tinct. Zingiber,	aa dr.	iii.
	Hydrochloric Acid Dilut.,	dr.	i.
	Spts. Lavender Comp.,	dr.	ii.
	Sulphate Quinia,	grs.	xl.

M. *Dose.*—One teaspoonful every two or three hours.
SIG.—Quinine mixture or tonic mixture.

REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

℞	Liquid Lactopeptine,	dr.	vi.
	Fl. Ex. Cinchona Comp,	dr.	i.
	Tinct. Zingiber,	dr.	iii.
	Spts. Lavender Comp,	dr.	v.
	Aromatic Sulphuric Acid,	dr.	i.
	Essence Menth, Pip. or Gaultheria,	gtts.	x.
	Sulphate Quinia,	grs.	xl.

M. *Dose.*—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

℞

Liquid Lactopeptine,		dr. fl. vi.
Fl. Ex. Cinchona Com.,		—
Tinc. Nux. Vomica,	aa	dr. xi.
Spts. Lavender Comp.,		oz. ss.
Hydrocyanic Acid Dilut,		dr. ss.
Syr. Aromatic Rhubarb,		oz. ss.
Sulphate Quinine,		dr. ss.

M. *Dose.*—One tablespoonful with water *ad libitum* at meals (before or after), and *at bed time if required;* also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, *in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time,* either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

℞

Liquid Lactopeptine,		dr. vi.
Liq. Opii. Comp. (Squibbs'),		dr. iii.
Nitric Acid Dilute; or, Aqua Regia Dilut.,		dr. i.
Syr. Aromatic Rhubarb,		dr. ii.
Pulv. Nit. Bismuth,		dr. ss.
Aqua Camph.,		oz. ss.

M. *Dose.*—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule,* should be *persisted in* for two or three days, or until the diarrhœal tendency has been entirely subdued.

——oo——

PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture PEPSIN, PANCREATINE and DIASTASE. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

COMP. CATHARTIC ELIXIR.

The only pleasant and reliable Cathartic in liquid form that can be prescribed.

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "

With flavoring ingredients.

Dose,—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

All our goods are of guaranteed strength and uniformity.

Private Formulas of Pills or other preparations made to order.

Strychnia Compound Pill.

Strychnia, - - -	1-100 grain.
Phosphorus, - - -	1-100 "
Ex. Cannabis Indica,	1-16 "
Ginseng, - - - -	1 "
Carb. Iron, -	1 "

Dose—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred.

Sent by mail, prepaid, on receipt of price.

Hæma, Quinia and Iron Pill.

Ext. Blood, - - - -	2 grains.
Quinine Sulph., - -	1 grain.
Sesqui Oxide Iron, - -	1 "

Dose—One to three.

Price, $2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

——oo——

HÆMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

HÆMA (Ext. Blood), 4 grs.

Dose.—Two to four.

90 cts. per hundred.

HÆMA COMP.

Ext. Blood, 2 grs.
Lacto-Phosphate Lime, 1 gr.
Pepsin, 2 gr.

Dose.—One to three.

$1.50 per hundred.

HÆMA, QUINIA, IRON AND STRYCHNIA.

Ext. Blood, 2 grs.
Quinine Sulph., 1 gr.
Sesqui Oxide Iron, 1 gr.
Strychnine, 1-75 gr.

Dose.—One to three.

$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

——oo——

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

——oo——

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.

——oo——

Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of . . .	$1 00
One pound " " " " " . . .	13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

——oo——

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS

OCT. 15TH, 1875. Respectfully,

REED & CARNRICK, Manufacturing Pharmacists,

198 FULTON STREET, NEW YORK.